



Wisconsin Department of Public Instruction
**CERTIFIED TRANSCRIPT/DUPLICATE CREDENTIALS
GED/HSED PROGRAM—ORDER FORM**
PI-8203 (Rev. 6-05)

INSTRUCTIONS: Complete legibly. Return **signed original** along with check/money order made out to **Wisconsin Department of Public Instruction** for all applicable fees, to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
BUSINESS OFFICE
P.O. BOX 7841
MADISON, WI 53707-7841**

For additional information call 1-800-768-8886 or 608-267-9245.

GENERAL INFORMATION			
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Name **Last** (List all other last names used, if applicable.) **First**

Middle Initial

Other Names *if needed*

Street/P.O. Address (Apt. number if applicable)	City	State	ZIP
Telephone Area/No.	Date of Birth <i>Mo./Day/Yr.</i>		Social Security Number

SIGNATURE	
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The individual to whom the credentials were issued MUST sign below.

Signature



COMPLETE ALL SECTIONS ACCURATELY AND LEGIBLY							
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Document Requested	Regular Fee 1 Copy	Correctional Facility Fee 1 Copy**		# of Add'l Copies		Fee for Each Add'l Copy		TOTAL
Duplicate GED Certificate**	\$15.00	\$5.00	+		×	\$2.00	=	
Duplicate HSED Diploma**	\$15.00	\$5.00	+		×	\$2.00	=	
Certified GED or HSED Transcript**	\$15.00	\$5.00	+		×	\$2.00	=	
Subtotal								
Emergency Service Fee* <i>See Below</i>					+	\$25.00		
Grand Total								

*Add this fee only if you wish **guaranteed** production and mailing of documents within **48 hours** of DPI receiving your order. Otherwise, orders will be processed as time allows, typically within 3-5 working days.

Correctional facility fees only apply to people incarcerated in a state prison or a jail. People who are out of custody **pay the regular fee.

PAYMENT METHOD	
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Please mark the appropriate box below and provide the requested information.

☐ I am enclosing a *Check One* ☐ Check ☐ Money Order in the amount of \$ _____

☐ Charge \$ _____ to my ☐ MasterCard ☐ VISA account below:

Please note:

- **Only credit card transactions** may be faxed to (608) 267-9275
- Your credit card will be charged for the fee **before** we print any documents. If credit card number is not valid or if charge is refused, your order will be returned to you.

Account Number

☐ MasterCard

☐ VISA

Expiration Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month/Year

Billing Zip Code

Please check appropriate boxes and provide alternate address(es) as needed.

☐ Send _____ Copy(ies) of my transcript and _____ Copy(ies) of my diploma/certificate to the following address(es):

☐ Send _____ Copy(ies) of my ☐ transcript ☐ diploma/certificate to the following address(es):

1. _____	2. _____
_____	_____
_____	_____

Use additional sheets as necessary.